

Case Number:	CM15-0176812		
Date Assigned:	09/17/2015	Date of Injury:	07/11/2014
Decision Date:	10/20/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 30-year-old male worker who was injured on 7-11-2014. The medical records indicated the injured worker (IW) was treated for status post chondroplasty of defect of femoral condyle with partial meniscectomy. Office visit notes (6-22-15 and 7-13-15) stated the IW had right knee arthroscopic surgery on 3-12-15. He had physical therapy and was now doing therapy on his own, including quadriceps strengthening. He noted improvement in symptoms, except difficulty with squatting and climbing stairs and with prolonged standing and walking. He progressed to complaints only of symptoms due to heavy lifting. The physical exams (4-13-15 to 7-13-15) noted a level gait, occasional 5 ml effusion and mild quadriceps atrophy. Range of motion increased from 0 to 100 degrees to 0 to 120 degrees. There was mild crepitus. No instability was noted to varus or valgus stress and distal pulses were good. He was taken off full duty, placed on modified duty, and encouraged to perform stretching and strengthening exercises to prevent further symptoms. A Request for Authorization was received for a right knee brace and support. The Utilization Review on 8-5-15 non-certified the request for a right knee brace and support because the documentation did not include a clinical condition for which Official Disability Guidelines (ODG) would recommend bracing of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right knee brace/support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Knee brace.

Decision rationale: Pursuant to the Official Disability Guidelines, right knee brace/support is not medically necessary. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, the injured worker's working diagnosis is status post chondroplasty of defect femoral condyle with partial meniscectomy. The date of injury is July 11, 2014. The request for authorization is dated July 31, 2015. There was no documentation in the medical record from the requesting chiropractic provider. As a result, there is no clinical indication for rationale in the medical record from the requesting provider. According to a progress note dated July 13, 2015, the injured worker is status post knee surgery, however, still complained of ongoing constant right knee pain. There is tenderness to palpation over the lateral and medial joint lines. There was positive crepitus. There was no joint laxity. Range of motion was decreased. There is no clinical indication or condition for which a knee brace is clinically indicated. Additionally, the utilization review states the treating provider requested a knee brace to avoid further injury to the knee. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation with knee joint instability, no documentation from the requesting provider and no clinical indication or rationale from the requesting provider for the knee brace, right knee brace/support is not medically necessary.